10-11963-cgm Doc 3626-11 Filed 07/29/13 Entered 07/29/13 14:57:27 Exhibit J SHERYLR. MENKES, ESL 325 BROADWAY, Suite 504 NEW YORK, NEW YORK 10007 TEL. NO.: (212) 285-0900 The Undersigned residing at 5 West 91 St 2H NY, NY 10029 heraby retains you to prosecute or adjust a claim for damages arising from personal injuries sustained by Ronald Brophy loss of services of property damage to on the _____day of ______ 20 ___ through the negligence of _____ or other persons, and the undersigned hereby gives you the exclusive right to take all legal steps to enforce the said claim and hereby further agrees not to settle this action in any manner without your written convent. In consideration of the services rendered and to be rendered by you, the undersigned here by agrees to pery you and you are authorized to retain out of any moneys that may come into your hands by reason of the above claim: Thirty three and one-third (33-1/3) percent, of the sum covered, whether recovered by suit, settlement or otherwise. Such percentage shall be computed on the net sum recovered after deducting from the amount recovered expenses and dishursements for expert testimony and investigative or other services properly chargeable to the enforcement of the claim or prosecution of the action. In computing the fee, the casts as mixed, including interest upon judgment, shall be deemed part of the amount recovered. For the following or similar tiems there shall be no deduction in computing such percentages: tiens, assignments or claims in favor of hospitals, for medical cared and treatment by doctors and nurses, or self-insurers or insurance carriers. SHERYL R. MENKES, ESQ., as attorney, shall have the right to retain and engage other counsel us trial counsel if they deem it advisable in the best interest of the client and also investigators and other qualified professionals and other assistants where they deem same necessary. This retainer is for services rendered through trial and post-trial motions only. Should an appeal result or be required, at any stage of the litigation, an additional retainer agreement may be offered, providing for additional attorney's fees and dishursements. Sheryl R. Menkes, Esq., is not, however, obligated to pursue an appeal of an adverse court ruling. Additional services such as appeals, tien negotiations and/or legal proceedings concerning tiens are not part of this retainer agreement and such services are subject to a separate retainer to be determined herween the client and the attorney, and may require payment of additional legal fees. · Linda

EXHIBIT

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SHERYL R. MENKES ATTORNEY AT LAW

319 Broadway 4th Floor New York, NY 10007

(212) 285-0900

FAX (212) 658-9408

July 23, 2010

Holy Family Home Medical Records Department 1740 84th Street Brooklyn, New York 11214

> RE: Ronald Brophy DOB 12/20/31 SS#: 111-26-4906

Dates of Treatment 3/25/10-5/24/10; 5/27/10-6/6/10

Date of Death 6/13/10/

ar Sir or Madam:

We have been retained by Elaine Garvy, daughter of Ronald Brophy, to investigate claims of nursing home abuse and neglect that occurred to Ronald Brophy when he was a resident at your facility.

in order to protect our client's interests it is necessary for you to provide us with the full and complete records of treatment from 3/25/10-5/24/10 and 5/27/10-6/6/10, without any omissions.

PURSUANT TO NY PUBLIC HEALTH LAW SECTION 18-1(g) and 18-2(a) a qualified person can obtain a copy of a decedent's medical records. A distributee such as Elaine Garvy is a qualified person. Accordingly, enclosed please find a duly executed authorization for the release of Mr. Brophy's medical records as well as a copy of his death certificate.

Please do not delay in your response to this request because such a delay will be highly prejudicial to our client's rights and, in some instances, result in the total loss of those rights.

Very_truly yours.

Sheryl R. Menkes

Filed 07/29/13 Entered 07/29/13 14:57:27 Pg 20 of 57 10-11963-cgm Doc 3626-11 Exhibit J



OGA Official Form Nov. 960 AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION PURSUANT TO HIP _AA (This form has been approved by the New York State Department of Health)

Transfer and the second and the seco	The state of the s
Princent Number Beatt Beatt Beatt	Date of Bigh Social Security Number
Hart Addition	0 12/20/31 111-26-4906
Holy Fronty Home 1740 8425	St BRIGO MY 11214 HUMC CHATAVEBLY
I, or my nuthorized representative, request that health information of	regarding my care and treatment be released as set forth on this the
In accordance with New York State Law and the Privacy Rate of the (HIPAA). I understand that:	ne Health Insurance Portability and Accountability Act of 1996
1. This notherization may include disclosure of information relative appropriate line in Item 9(a). In the event the health information initial the line on the box in Item 9(a), I specifically authorize release 2. If I am authorizing the release of HIV-related, alcohol or drug prohibited from redisclosing such information without my authorization of the release of HIV-related.	se of such information to the person(s) indicated in Item 8, treatment, or mental health treatment information, the recipient incident on the recipient indicated or state have receive or use my HIV-related information without authorization. If HV-related information without authorization.
ASSIGNATORE FOR DARKETHER MAY TRAINER.	
A. I have the right to revoke this authorization at my time by writing revoke this authorization except to the extent that action has already b	DEED GIRCH CHENCH III HILL STIFFSTOWN LEVE
 I understand that signing this authorization is voluntary. My tre- benefits will not be conditioned upon my authorization of this disclosure. 	reatment, payment, enrollment in a health plan, or estimation, e-
5. Information disclosed under this authorization might be redisclosed	4170
6. THIS AUTHORIZATION DOES NOT AUTHORIZE YOU TO	O DISCUSS MY REALTH INFORMATION OR MEDICAL
CARE WITH ANYONE OTHER THAN THE ATTORNEY OR G	SOVERNMENTAL AGENCY SPECIFIED IN FIEM 9 (b).
HOLY TAMES HOME (HEN) YOUL	12 Blanky 11011
Normal and address of persons, or enterpry of person to whom this in Shere of Menkes Hime 319 Bro	HIGHHAMION AVIII he great's
9(n). Specific information to be released:	
Medical Record from (insert date) 10 (in	nsert date)
 Entire Medical Record, including patient histories, office notes (referrals, consults, billing records, insurance records, and record 	(except psychotherapy notes), test results, radiology studies, films, ds sent to you by other health care providers.
C) Other: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Include: (Indicate by Initialing)
3/25/10	57 5 HAD Alcohol/Drug Treatment
5/12/10	Mental Health Information
Authorization to Discuss Health Information 5D7/10	FIV-Related Information
(b) Cl By initialing here Linitials 1 anthorize	Name of individual health cure provider
to discuss my health information with my attorney, or a government	and agency, listed here:
(Attorney/Plan Nume or Governmen	UIIII Arency Name
10. Reason for release of information:	Date or event on which this authorization will expire:
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and the state of t	Authority to rign on babalf of patient:
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All items on this form have been completed and my questions about this for	em have Jeen maswered. In addition, I have been persisted.
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Dane Sawy Dine	. 7/23/10
Signature of patient or representative authorized by law.	· · · · · · · · · · · · · · · · · · ·
tinnan lumanodeficiency Virus that enuses AIDS. The New York State Publidentily someone as having BIV symptoms or infection and information regar	blic Health Law protects information which reasonably enoted

identify someone as having BIV symptoms or infection and information regarding a person's contacts,

EXHIBITE

· 1U-11963-cgm Doc 3626-11 Filed 07/29/13 Entered 07/29/13 14:57:27 Exhibit J

SHERYL R. MENKES ATTORNEY AT LAW

319 Broadway 4" Floor New York, NY 10007

(212) 285-0900 FAX (212) 658-9408

September 21, 2010

St, Vincent's Catholic Medical Center 153 West 11th Street New York New York 10011 Attn: Medical Records

RE: Ronald Brophy
DOB 12/20/31
SS#: 111-26-4906
Dates of Treatment Holy Family F

Dates of Treatment Holy Family Home 3/25/10-5/24/10;

Date of Death 6/13/10

Dear Sir or Madam:

We have been retained by Elaine Garvy, daughter of Ronald Brophy, to investigate claims of nursing home abuse and neglect that occurred to Ronald Brophy when he was a resident at Holy Family Home on the above dates.

We have been advised that Holy Family Home Medical Records are being retained by St. Vincent's Catholic Medical Center.

In order to protect our client's interests it is necessary for you to provide us with the full and complete records of treatment from 3/25/10-5/24/10 and 5/27/10-6/6/10, without any omissions.

PURSUANT TO NY PUBLIC HEALTH LAW SECTION 18-1(g) and 18-2(a) a qualified person can obtain a copy of a decedent's medical records. A distributee such as Elaine Garvy is a qualified person. Accordingly, enclosed please find a duly executed authorization for the release of Mr. Brophy's medical records as well as a copy of his death certificate.

Please do not delay in your response to this request because such a delay will be highly prejudicial to our client's rights and, in some instances, result in the total loss of those rights.

Sheryl-R. Mejikes

· 10-11963-cgm Doc 3626-11 Filed 07/29/13 Entered 07/29/13 14:57:27 Exhibit J Pg 23 of 57



OCA Official Form No.: 960 AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION PURSUANT TO HIF-AA

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	Hay PAO	nicy Hom			SLBKIN NY11	
	l, or my nathorized	representative, requ	iest that benith info	ernation regar	ling my care and treamen	t be released as set for 1 > on this form
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	prohibited from redi	sclosing such into	rmation without i	ny authorizatio	on unless permitted to di	o so under federal or state free, 1
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	5. Information dissuss	ad under this outh	orization might be	redisclosed b	y the recipient texcent of	s noted above in Items 2), and this
	redisclosure may no lon	ger be protected by	federal or sinc la	w,		moved addite in Heiry 2), and this
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identify someone as buying BTV voncatories or laffection and before action manners and a

10-11963-cgm Doc 3626-11 Filed 07/29/13 Entered 07/29/13 14:57:27 Exhibit J

SHERYL R. MENKES ATTORNEY AT LAW

319 Broadway 4" Floor New York, NY 10007

(212) 285-0900

FAX (212) 658-9408

October 18,2010

St, Vincent's Catholic Medical Center 153 West 11th Street New York New York 10011

Attn: Medical Records

SECOND REQUEST

RE: Ronald Brophy DOB 12/20/31 SS#: 111-26-4906

Dates of Treatment Holy Family Home 3/25/10-5/24/10;

Date of Death 6/13/10

Dear Sir or Madam:

We have been retained by Elaine Garvy, daughter of Ronald Brophy, to investigate claims of nursing home abuse and neglect that occurred to Ronald Brophy when he was a resident at Holy Family Home on the above dates.

We have been advised that Holy Family Home Medical Records are being retained by St. Vincent's Catholic Medical Center.

In order to protect our client's interests it is necessary for you to provide us with the full and complete records of treatment from 3/25/10-5/24/10 and 5/27/10-6/6/10, without any omissions.

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Please do not delay in your response to this request because such a delay will be highly prejudicial to our client's rights and, in some instances, result in the total loss of those rights.

Very truly yours,

Sheryl R. Menkes

10-11963-cgm Filed 07/29/13 Entered 07/29/13 14:57:27 Doc 3626-11 Exhibit J Pg 25 of 57



AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION PURSUANT TO HIT DAA

OCA Officia A Form No.: 960 [This form has been approved by the New York State Department of Health] MEDITED BUT Date of Birth Social Securit y Number I. or my numberized representative, request that health information regarding my care and treatment be released as set fort 1 on this form In accordance with New York State Law and the Privacy Kule of the Health Insurance Portability and Accountability Act of 1996 (PIPAA), Lunderstand that: 1. This nutherization may include disclosure of information relating to ALCOHOL and DRUG ABUSE, MENTAL HEALTH TREATMENT, except psychotherupy notes, and CONFIDENTIAL HIV* RELATED INFORMATION only if I places my initials on the appropriate line in Item 9(a). In the event the health information described below includes any of these types of information, and I initial the line on the box in hem 9(n), I specifically authorize release of such information to the person(s) indicated in her as g. 2. If I am authorizing the release of HIV-related, alcohol or drog treatment, or meant health treatment information, the recipient is prohibited from redisclosing such information without my authorization unless pennitted to do so under federal or state law. understand that I have the right to request a list of people who may receive or use my HIV-related information without out Profization, If Experience discrimination because of the release or disclosure of HIV-related information, I may contact the New York State Division of Hurran Rights at (212) 480-2493 or the New York City Commission of Human Rights at (212) 306-7450. These agencies are responsible for protecting my rights. 3. I have the right to revoke this authorization at my time by writing to the health care provider listed below. I understained that I may revoke this authorization except to the extent that action has already been taken based on this authorization. 4. I understand that signing this authorization is voluntary. My treatment, payment, enrollment in a health plan, or estigibility for penefits will not be conditioned upon my authorization of this disclosure. 5. Information disclosed under this authorization might be redisclosed by the recipient (except as noted above in Item 2), and this redisclosure may no longer be protected by federal or state him. 6. THIS AUTHORIZATION DOES NOT AUTHORIZE YOU TO DISCUSS MY HEALTH INFORMATION OR MEDICAL CARE WITH ANYONE OTHER THAN THE ATTORNEY OR GOVERNMENTAL AGENCY SPECIFIED IN ITEM 9 (b). 7. Name and address of health provider or entity to release this information? St VINCENIS HAROLLEAL CENTER 8. Name and address of person(s), or entegory of person to whom this inforgation will be sent: henul Menker 3/4 Bloamy July Ush A 9(a). Specific information to be released: (2) Medical Record from (insert date) ta (insen date). Entire Modical Record, including patient histories, office notes (except psychotherapy notes), test results, radiology studies, films. referreds, consults, billing records, insurance records, and records sem to you by other health care providers, 55/10 - 564/10 EG Mental Health Information Cl Other: Authorization to Discuss Health Information BIV-Related Information Nume of individual health care provider to discuss my health information with my attorney, or a governmental agency, listed here: (Attorney/Firm Name or Governmental Agency Name) Reason for release of Information: 11. Dute or event on which this puthorization will expire: D, At request of individual TITESISTION Other: 12. If not the putient, name of personsigning forms Authority to sign on behalf of patient:

All items on this form have been completed and my questions about this form have been unswered. In addition, I have been provided a copy of the form.

Signature of patient or representative Authorized by law.

^{*} Human Immuno Celiclency Virus that enuses AIDS. The New York State Public Health Law protects information which consumbly could identify someone as income HIV symptoms or infection and information regarding a person's contacts.

. 10-11963-cgm Doc 3626-11 Filed 07/29/13 Entered 07/29/13 14:57:27 Exhibit Pg 26 of 57

EXHIBITE

10-11963-cgm Doc 3626-11 91/03/2019 15:17 Doc 3626-11 Filed 07/29/13 Entered 07/29/13 14:57:27

Exhibit J

Ackerman Court Service

SUPREME COURT OF THE STATE OF NEW YORK COUNTY OF KINGS

KINGS COUNTY ELERK RECEIVED 2013 JAN -4 PM 3: 87

ELAINE GARVEY, as administratrix of the Estate of RONALD BROPHY, deceased,

Plaintiff,

-against-

LUTHERAN MEDICAL CENTER, METROPOLITAN
JEWISH HOME CARE, INC., METROPOLITAN
JEWISH LONG TERM HOME CARE,
METROPOLITAN JEWISH LHCSA, HOMEFIRST
LHCSA, INC., LUTHERAN AUGUSTANA CENTER
FOR EXTENDED CARE AND REHABILITATION, INC.,
HOLY FAMILY HOME, ST. VINCENT'S CATHOLIC
MEDICAL CENTERS OF NEW YORK B/K/B SAINT
VINCENT CATHOLIC MEDICAL CENTERS B/K/B
SVCMC-ST VINCENTS MANHATTAN,
BENSONHURST CENTER FOR REHABILITATION
AND HEALTHCARE and KFG OPERATING TWO, LLC.

Index Number 2/8 - 20/3
Date Filed 1-4-2-13

Plaintiff designates KINGS County as place of trial. The basis of venue is plaintiff's residence.

SUMMONS WITH NOTICE

Defendants.

To the above named Defendants:

You are hereby summoned to answer the complaint in this action and to serve a copy of your answer, or, if the complaint is not served with this summons, to serve a notice of appearance, on the Plaintiff's Attorney within twenty (20) days after the service of this summons, exclusive of the day of service (or within 30 days after the service is complete if this summons is not personally delivered to you within the State of New York); and in case of your failure to appear or answer, judgment will be taken against you by default for the relief demanded herein.

Dated: New York, New York Jaquary 3, 2013

Sheryi R. Menkes
Attomey for Plaintiff
325 Broadway, Suite 504
New York, New York 10007
212-285-0900

OF POST-TT (LIER ALISMIT) FUNCTION OF LEST TO THE OF LEVELING Pg 28 of 57

Upon your failure to appear, judgment will be taken against you by default for the sunn of TEN MILLION (\$10,000,000.00) DOLLARS with interest from January 3, 2013 and the cost s of this action.

Notice:

The nature of this action is Negligence, Gross Negligence, Nursing Home Abu se.

The relief sough is monetary, compensatory, and punitive.

Defendants Address:

Lutheran Medical Center 150 55th Street Brooklyn, NY 11220

Metropolitan Jewish Home Care, Inc. 440 Ninth Avenue, 14" Floor New York, NY 10001

Metropolitan Jewish Home Care, Inc. 6323 Seventh Avenue Brooklyn, NY 11220

Metropolitan Jewish Long Term Home Care 6405 Seventh Avenue Brooklyn, NY 11220

Metropolitan Jewish LHCSA 6323 7" Avenue Brooklyn, NY 11220

Homefirst LHCSA, Inc. 6323 Seventh Avenue Brooklyn, NY 11220

Lutheran Augustana Center for Extended Care & Rehabilitation, Inc. 5434 Second Avenue Brooklyn, NY 11220

Holy Family Home 450 West 33rd Street Mezzanine Level New York, NY 10001

St. Vincent's Catholic Medical Centers of New York 450 West 33rd Street Mezzanine Level New York, NY 10001

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Saint Vincent Catholic Medical Centers 450 West 33rd Street Mezzanine Level New York, NY 10001

SVCMC-St. Vincents Manhattan 450 West 33rd Street Mezzanine Level New York, NY 10001

Bensonhurst Center for Rehabilitation and Healthcare 1740 84th Street Brooklyn, NY 11214

KFG Operating Two, LLC 1740 84" Street Brooklyn, NY 11214

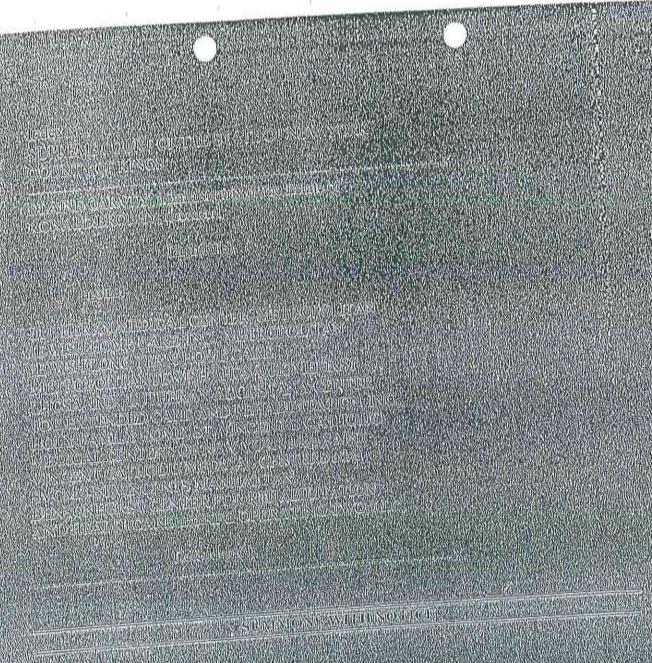


EXHIBIT R

Notice of Affidavit of Sheryl R. Menkes, Notice of Affidavit of Accountant for Sheryl R.

Menkes and 2010 2011 Tax Returns, Profit and Loss Statements, etc.

(TAX RETURNS AND PROFIT AND LOSS STATEMENTS INCLUDED IN

COURT COPY ONLY)